## **Application Data Sheet**

**Inventor Information** 

Inventor One Given Name:

Family Name:

Name Suffix:

Postal Address Line One:

Postal Address Line Two:

City:

State or Province: Postal or Zip Code: Citizenship Country: ZAENCKER

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**Bad Oldesloe** 

Germany 23843

**GERMANY** 

**Correspondence Information** 

Name Line One: Name Line Two:

Address Line One: Address Line Two:

City:

State or Province: Postal or Zip Code:

Telephone:

Fax:

Electronic Mail:

Kevin R. Spivak

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METHOD AND ARRANGEMENT FOR

METHOD FOR QUALITY OF A SPEECH

TESTING THE TRANSMISSION SYSTEM AND

Suite 5500 Washington

DC

20006-1888 202-887-6924 202-263-8396

KSpivak@mofo.com

**Application Information** 

Title Line One:
Title Line Two:

Title Line Three:

Title Line Four: Total Drawing Sheets:

Formal Drawings?: Application Type: Docket Number: TRANSMISSION 3

yes Utility

449122022100

Representative Information

Representative Customer Number:

25227

**Prior Foreign Applications** 

Foreign Application One:

Filing Date: Country:

Priority Claimed:

10108856.6

February 15, 2001

Germany

yes